

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2009</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) 65937-0045
Application Number 10/786,727-Conf. #2729	Filed February 25, 2004	
For FLUID CONNECTOR AND BIOPSY SYSTEM INCLUDING SAME		
Art Unit 3736	Examiner J. G. Hoekstra	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	Fee \$130	Small Entity Fee \$65      \$ 130.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245      \$
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555      \$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865      \$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175      \$
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/> A check in the amount of the fee is enclosed.		
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 18-0013.		
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>		
I am the <input type="checkbox"/> applicant/inventor.		
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).		
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number 41,212		
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34		
_____/Kristin L. Murphy/ Signature		_____ September 14, 2010 Date
_____ Kristin L. Murphy Typed or printed name		_____ (248) 594-0647 Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input type="checkbox"/> Total of 1 forms are submitted.		

<b>One Month Request for Extension of Time Under 37 CFR 1.136(a)</b>	
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).	
Dated: September 14, 2010	Electronic Signature for Kristin L. Murphy: /Kristin L. Murphy/